



JUL 26 2007

TRANSMITTAL FORM

(be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/530,830
Filing Date	April 9, 2005
First Named Inventor	Xia, et al.
Art Unit	1651
Examiner Name	Fernandez

Attorney Docket Number

21113P

ENCLOSURES *(Check all that apply)*

Fee Transmittal Form

Fee Attached

Amendment/Reply

After Final

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/
Incomplete Application

Response to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)

Licensing-related Papers

Petition

Petition to Convert to a
Provisional Application

Power of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer

Request for Refund

CD, Number of CD(s) _____

After Allowance Communication
to Technology Center (TC)

Appeal Communication to Board
of Appeals and Interferences

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

Other Enclosure(s) (please
Identify below):

Remarks

1449 Form and Reference
Miscellaneous Fee Sheet - IDS \$180

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Name	Joan E. Switzer	Registration No. (Attorney/Agent)	34,740
Signature		Date	7/24/2007

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents,
P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:

Typed or printed name

Nancy E. Yorke

Signature

Date

July 24, 2007



PATENT
CASE NO. 21113P

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: XIA, ET AL.

Serial No. 10/530,830

Filed April 9, 2005

Group Art Unit 1651

Examiner Fernandez

For: Assay Methods For State-Dependent Calcium Channel
Agonists/Antagonists

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
 The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* 15	-	** 20 =	0 X	\$50	= 0.00
Independent Claims	* 4	-	*** 4 =	0 X	\$200	= 0.00
Multiple Dependent Claims					\$360 ****	=
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

By: Joan E. Switzer

Attorney for Applicant(s)

Reg. No. 34,740

MERCK & CO., INC.

Patent Dept., RY60-30

P.O. Box 2000

Rahway, N.J. 07065-0907

(732) 594-5616

Date: July 24, 2007

IN DUPLICATE



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